

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**New York Life Insurance Company Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Spivey, Jerry L., , Mr.,**

Mailing Address 25 South Thomas Street  
PO Box 6493

City  
Elberton

State  
GA

Zip Code  
30635-6481

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Life Insurance Company

Occupation (for Individual)  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2022

**Transaction ID : PR104826229**

Amount of Each Receipt this Period

150.00

☐ Memo Item

P/R Deduction (\$150.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Herwig, Julie E., , Ms.,**

Mailing Address 6520 78th Street

City

Cabin John

State

MD

Zip Code

20818-1309

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Life Insurance Company

Occupation (for Individual)  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.80

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2022

**Transaction ID : PR10501226229**

Amount of Each Receipt this Period

384.60

☐ Memo Item

P/R Deduction (\$192.30 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Budd Jr., Warren C., , Mr.,**

Mailing Address PO Box 1723

City

Newnan

State

GA

Zip Code

30264-1723

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Life Insurance Company

Occupation (for Individual)  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

273.99

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2022

**Transaction ID : PR105026229**

Amount of Each Receipt this Period

91.33

☐ Memo Item

P/R Deduction (\$91.33 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

625.93